

# Designated Agent User Agreement

*Please print clearly*

## Section 1: MIRCAl Designated Agent User Information *(all information is required)*

1. DESIGNATED AGENT NAME	
2. NAME OF MIRCAl DESIGNATED AGENT USER (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
3. POSITION (TITLE):	4. SUPERVISOR NAME:
5. BUSINESS ADDRESS (MAILING ADDRESS):	6. UNIQUE EMPLOYEE IDENTIFIER: <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
7. BUSINESS PHONE:	8. BUSINESS FAX:
9. E-MAIL ADDRESS:	
10. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Your mother's maiden name:</i>	b. <i>Your city of birth:</i>
<p>I understand that as a Designated Agent User:</p> <ol style="list-style-type: none"><li>1. I can submit data and retrieve the status of the data on behalf of a facility.</li><li>2. My MIRCAl user account may be inactivated after 270 consecutive days (9 months) of inactivity. Only OSHPD can reactivate my account.</li></ol> <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
11. DATE:	12. USER SIGNATURE:

## Section 2: Designated Agent Primary Contact Approval *(all information is required)*

13. PRINT NAME:	14. DESIGNATED AGENT "PRIMARY" CONTACT SIGNATURE:
15. DATE:	16. PHONE NUMBER:

The completed form shall be sent to OSHPD for each Designated Agent user needing MIRCAl access. Fax (916) 327-1262 or (916) 322-9555

## Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

**Please Note:** The Facility Administrator or Primary Contact at each facility that you represent must complete and sign the Agent Designation Form (OSHPD 1370.3) approving a Designated Agent to submit data on their behalf.

## Designated Agent User Agreement Instructions

Make a copy of the completed forms for your records. Send the **completed form(s)** to:

Office of Statewide Health Planning and Development  
Patient Data Section  
818 K Street, Room 100  
Sacramento, CA 95814  
[www.oshpd.ca.gov/mircal](http://www.oshpd.ca.gov/mircal)

Contact Information  
Call your OSHPD Analyst or (916) 324-6147  
E-mail [mircal@oshpd.ca.gov](mailto:mircal@oshpd.ca.gov)  
Fax (916) 327-1262 or (916) 322-9555

### SECTION 1: MIRCAl Designated Agent User Information *(All fields must be completed) -- To be completed by MIRCAl User requesting access to MIRCAl.*

1. Name of Designated Agent: Provide the name of your business.
2. Name and Credentials of MIRCAl Designated Agent User: Provide the full name of the MIRCAl user and credentials (if applicable).
3. Position (Title): Provide the position held in your organization.
4. Supervisor Name: Provide the name of your supervisor/manager.
5. Business Address (Mailing Address): Enter the business address where you can receive mail.
6. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization. (I.e. title, badge number, employee number, etc.)
7. Business Phone: Provide a phone number where you can be contacted.
8. Business Fax: Provide a fax number where you can receive faxes.
9. E-mail address: Provide an e-mail address where you can be contacted.
10. Authentication Words: *Remember these words. You may be asked to identify yourself with this information if you call to reset your password.*
  - a. Provide your mother's maiden name.
  - b. Provide your city of birth.
11. Date: Provide the date that the facility agreement was completed and signed.
12. User Signature: If you understand and agree with the responsibilities and guidelines for maintaining MIRCAl security, as detailed in the user agreement, provide your signature.

### SECTION 2: Designated Agent Primary Contact Approval *(All fields must be completed) -- To be completed by the Designated Primary Contact.*

13. Print Name: Print the name of the Designated Agent Primary Contact.
14. Designated Agent Primary Contact Signature: When the completed information is reviewed and approved, provide your signature indicating approval of person to use MIRCAl.
15. Date: Provide the date that this user agreement was approved and signed.
16. Phone Number: Provide a phone number where you can be reached.

### SECTION 3: OSHPD Use Only